

UTILITY PATENT APPLICATION TRANSMITTAL

BOX PATENT APPLICATION  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Inventors: Michael E. Davis  
Tijeras, NM

Title: PORTABLE ARTIFICIAL CAMPFIRE DEVICE

Attorney Docket No.: 1000-1303

Dear Sir:

Enclosed with this Transmittal for filing please find the following items relating to the above-identified application:

1. Patent Application Specification (19 pages);
2. Drawings (3 sheets);
3. Fee Calculation Sheet;
4. Check in the amount of \$456.00 for the basic Small Entity filing fee;
5. Combined Declaration and Power of Attorney; and
6. Postcard.

Applicant hereby asserts small entity status as an individual inventor.

\* This application claim priority to a Provisional Patent Application, Serial No. 60/396,815, filed July 15, 2002, entitled "PORTABLE SMOKELESS CAMPFIRE."

Please address all correspondence related to this application to the undersigned at:

**Luis M. Ortiz**  
Registered Patent Attorney  
P.O. Box 4484  
Albuquerque, NM 87109

Please file the application and return the date-stamped postcard as addressed. Please call the undersigned at 505-883-1020 if you have any questions; otherwise, please accept the enclosed.

Sincerely,

Luis M. Ortiz  
Attorney  
Registration No. 36,230

DATE: 7/14/03

Enclosures

"EXPRESS MAIL" mailing label number: EU572155907US  
Date of Deposit: July 14, 2003. I certify that the accompanying Application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Box Patent Application; Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313.

Luis M. Ortiz

Date

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IN THE U.S. PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL SHEET

BOX PATENT APPLICATION

Assistant Commissioner for Patents

P.O. Box 1450

Alexandria, VA

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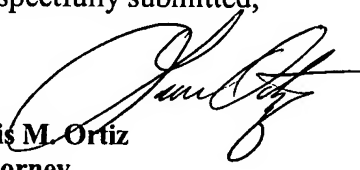
Method of Payment:

Enclosed together with this Fee Calculation Sheet and formal documents identified in the Transmittal Letter also enclosed herewith is check in the amount of \$456.00.

FEE CALCULATION					FEE
	NUMBER		NUMBER EXTRA	RATE	BASIC FEE \$375.00
Total Claims	28	- 20 =	8	x \$9.00 =	\$ 81.00
Independent Claims	3	- 3 =	0	x \$42.00=	\$ 0.00
TOTAL FEES					\$ 456.00

If you have any questions please call (505) 883-1020, otherwise please accept the enclosed.

Respectfully submitted,

  
Luis M. Ortiz  
Attorney  
Reg. No. 36,230

Date: 7/14/03